

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 578,291

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				2		
14				2		
15				2		
16				6		
17			1			
18				1		
19				2		
20				2		
21				2		
22				2		
23				2		
24				2		
25				2		
26			1			
27			1			
28				2		
29				2		
30				2		
31				2		
32				2		
33				2		
34				2		
35				2		
36			1			
37			1			
38				1		
39				1		
40			1			
41						
42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.	←		51	←		←
TOTAL CLAIMS		58				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						